

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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50						
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.

	AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT		AFTER 5th AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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96						
97						
98						
99						
100						
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.

TOTAL IND. 3
TOTAL DEF. 12
TOTAL 15

TOTAL IND. 0
TOTAL DEF. 0
TOTAL 0